



Government Response to House of Commons
Health Committee Report on Patient and
Public Involvement in The NHS –
Seventh Report Session 2002–03

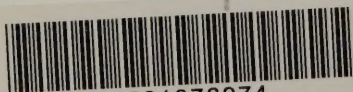
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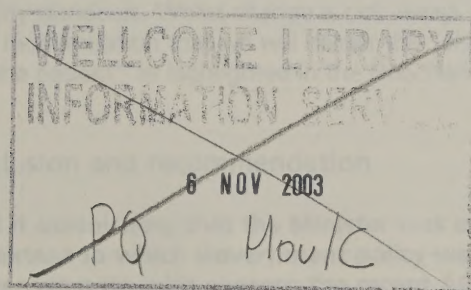
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Government Response to House of Commons Health Committee Report on Patient and Public Involvement in The NHS – Seventh Report Session 2002–03



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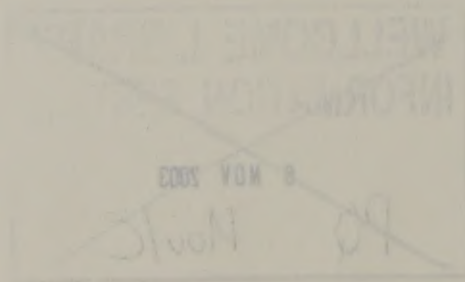
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Introduction

The Government welcomes the acknowledgement by the Health Committee of the importance of allowing patients to have input into the delivery of local NHS services, as well as enabling them to make complaints. A valuable contribution has been made in both respects by Community Health Councils (CHCs). However, as the report recognises, the expectations of patients have changed in recent years, and as a result there have been significant developments in terms of securing direct patient input into NHS services, and providing enhanced support to patients negotiating the NHS system. The new arrangements for patient and public involvement are more comprehensive and will mean there will be greater support for patients, more independent monitoring, and greater involvement and consultation of the public than there has ever been before. Under the new system there will be consistency and quality standards. Whilst change is not always popular it is necessary. It is only through modernisation that we will deliver the “vision” of “a health service designed around the patient” as highlighted in the NHS Plan.

1. Conclusion and recommendation

We find it astonishing that the Minister was unable to provide information on the extent to which Government policy was being implemented. Moreover we note with concern the recent ACHCEW survey, *A Friend in Need*, casts considerable doubt on the extent to which NHS trusts have functioning PALS over the country as a whole. We call on the Minister now to collate and publish information on the implementation of PALS as a matter of urgency.

Response

The Patient Advice and Liaison Service (PALS) is a new service – over and above what has ever been in place before. Implementation of PALS is monitored by strategic health authorities (SHAs) and they report that 98% of NHS trusts and primary care trusts (PCTs) have an active PALS. Operating to national service standards, there are many positive reports of the effectiveness of PALS – evidence of where it has made a real difference.

In terms of developing and monitoring PALS the Department is currently working closely with SHAs and the PALS National Development Group (NDG) to further the ongoing national development of PALS and quality improvement agenda by:

- checking that PALS are live in all trusts according to the service specification
- gathering evidence that this is a sustained and sustainable service
- evaluating services against the national standards

We have worked with SHAs and the PALS NDG to strengthen the national PALS standards and develop a national evaluation tool against which individual PALS can assess the quality of their service and plan improvements. The revised national PALS standards and an evaluation tool were circulated to PALS and SHAs in August 2003. We will continue to work with SHAs, Modernisation Agency and the PALS NDG to monitor implementation, support development and improve service quality.

2. Conclusion and recommendation

While we appreciate that the machinations of local government are more properly an issue for the Office of the Deputy Prime Minister, we find it totally unacceptable that the Department apparently does not have access to basic information about an element of public involvement in the NHS it clearly views as so crucial, three months after it should have been introduced. This is particularly worrying given the vital statutory function of Overview and Scrutiny Committees with respect to proposed closures and reconfigurations of the NHS.

Response

On 1 January 2003 it became mandatory for county councils, unitary authorities and London Borough Councils to have in place arrangements to scrutinise health services – it is a legal requirement.

The scrutiny arrangements provide democratic accountability in the health service for the first time and it is therefore for locally elected representatives to decide how best to take up the new powers, and to account for those decisions to their local electorate.

The Government has provided the powers to enable local government to undertake health scrutiny activity in relation to their locally identified priorities. It is not the role of the Department of Health to monitor those decisions. The Department is working with stakeholders, including the Centre for Public Scrutiny, the Local Government Association and the NHS Confederation, to develop evaluation arrangements to assess effectiveness of the new scrutiny powers and to examine the outcomes of scrutiny activity.

The Department is aware through the reporting of partner organisations in health and local government that overview and scrutiny committees have taken on their new role as statutory consultees for major changes to health services with considerable enthusiasm and effort. This feedback is extremely encouraging.

3. Conclusion and recommendation

We urge the Government to ensure that the establishment of Patient and Public Involvement Forums is fully completed by 1 December 2003, to avoid further confusion and uncertainty for patients and NHS staff.

The Commission for Patient and Public Involvement in Health (CPPIH) has brought forward implementation of the forum programme and made a commitment to achieve full Patient and Public Involvement Forum coverage by 1 December. It is confident it will deliver to this timetable and a national awareness and recruitment campaign is underway. We are working closely with the CPPIH to support its work. Regulations have been made to establish Forums from 1 September which means that they may carry out their functions as soon as they have members appointed. As Forums are set up they will be able to develop their work plans based on local priorities. The CPPIH will ensure that appropriate training and induction arrangements are in place as soon as possible to enable Forums to carry out their work effectively from 1 December.

4. Conclusion and recommendation

We urge the Government, in line with commitments made in Parliament, to extend CHCs period of operation until July 2004, by which time Patient and Public Involvement Forums will have had sufficient time to develop their own systems and will be operating at full capacity.

Response

By the time CHCs are abolished we will have operated the old and most of the new system of patient and public involvement in tandem for nearly a year. The CPPIH is on track to have all Patient and Public involvement Forums working effectively by 1 December 2003. The CPPIH is working with CHCs to consider the best ways to transfer the valuable local knowledge from CHCs to Forums to help them build local capacity. CHCs have for some time now been working with PALS and overview and scrutiny committees, sharing experiences and local knowledge to enable those organisations to pick up their new powers and responsibilities. Each CHC is working to an agreed exit strategy, based on agreed principles and supported by central guidance.

Most of what will replace CHCs is already in place. PALS exist in almost all trusts. Overview and Scrutiny Committees have had the power to scrutinise health services since January 2003. There has been a new duty placed on the NHS to involve and consult the public since January 2003. The CPPIH has been operating since January 2003. It has in place information systems to assist patients and the public get in touch with their local PPI arrangements. Local network providers (administrative support for forums) are now in place across the country. Independent Complaints Advocacy Services have been up and running since 1st September 2003, having been piloted since September 2002.

We do not support the recommendation of a further delay to the abolition of CHCs – they will be abolished on 1 December. We believe such a move would compound the problems covered in paragraph 27 of the Health Committee's report – it would place remaining staff under great strain, give rise to widespread logistical problems, and cause confusion amongst patients and the public.

5. Conclusion and recommendation

We were told by the then Secretary of State that the new arrangements proposed for Foundation Trusts represented a far better form of public involvement than Patient and Public Involvement Forums, a conclusion we were not able to accept in our report on Foundation Trusts. While we explored this issue at great length in our inquiry on Foundation Trusts, we feel it is necessary again to register our amazement that throughout the arduous and comprehensive discussions that preceded the introduction of the new system for patient and public involvement, the Government's plans for a second, more radical overhaul of patient involvement, through the establishment of foundation Trusts with elected Boards of Governors, were never brought to light. Had the connections between these two divergent and conflicting policies on patient and public involvement been drawn out before the new system began to be implemented, the issue of how the Board of Governors and Patient and Public Involvement Forums might relate to each other and work together could have been very profitably explored, and perhaps a coherent policy involving the best elements of both could have been developed. As it is we are left with the impression that some policy within the Department of Health is formulated in total isolation from other policy, leading to the ridiculous situation the NHS and its patients are now faced with introduction of two parallel but entirely different systems of patient and public involvement within the NHS within one year.

Response

Government policy on patient and public involvement is absolutely consistent. We are quite clear that there must be greater opportunities for patients and the public to have more and more influence over their health services. There is not a "one size fits all" approach to patient and public involvement. There should be choice and flexibility. NHS Foundation Trusts will adopt a specific approach to patient and public involvement, one which allows whole communities to own and influence services, enabling real accountability to service users and their families and carers.

Patient and Public Involvement Forums are another example of how patients and the public can exert real influence over their health services. There are other mechanisms too. The NHS will be reviewed and scrutinised by locally elected councillors representing the interests of local people and through the new duty on the NHS to involve and consult, far more members of the public will have a real say in how their local services are developed.

The wide range of involvement options now means that the public may choose the nature and extent of their involvement and not have only one avenue to follow. Although NHS Foundation Trusts will not have statutory Patient and Public Involvement Forums there will still be independent patient-led monitoring of their services. PCT Patient and Public Involvement Forums will be able to carry out their responsibilities in relation to NHS Foundation Trust services, and this will include full inspection rights into NHS Foundation Trust premises.



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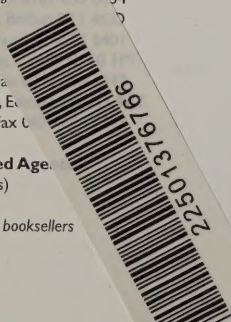
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